

Baker (H. B.)

A CASE

OF

PUERPERAL SEPTIC FEVER,

REPORTED BY

GEORGE J. NORTHRUP, M.D.,
OF MARQUETTE, MICH.;

AND SOME REMARKS ON THE

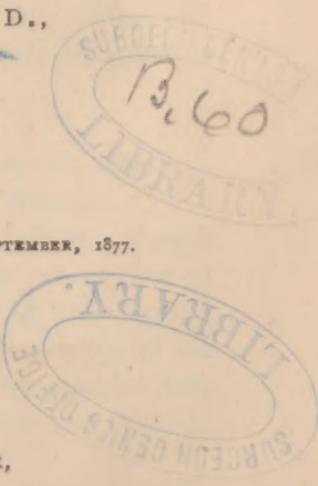
Relations of the Medical Profession
to the People,

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Relations of the Medical Profession to the People.

EDITORS OF DETROIT MEDICAL JOURNAL.—Herewith please find letter from Dr. Northrop, giving probable cause of a case of puerperal septic fever, and also its brief history and statement of termination. The letter is one of several received in reply to question as to connection of case of puerperal fever with one of erysipelas, both diseases having been reported as existing in same locality during the same week. It may be remarked in passing, that, so far as they go, these letters do not show such connection of these two diseases, as is frequently suggested in our medical journals, but seem to show that in the cases reported the disease was due to septic poison connected with decomposition of blood, etc. The main reason, however, why I offer this letter for publication, is because it illustrates some other points which I think should be of general interest to the profession. It is proper to state that the letter was not written with a view to its publication, but the writer has kindly consented to let me use it. The letter is as follows :

MARQUETTE, Mich., March 23d, 1877.

HENRY B. BAKER, M.D., *Sec'y State Board of Health*:

DEAR SIR.—In reply to your letter of the 13th inst., regarding erysipelas and puerperal fever, reported by me on the 3d inst., I have to state that, on the morning of Feb. 25th, I found a little patient who had suppurative inflammation of the ear with facial erysipelas, commencing with the diseased ear, which was limited to the affected side of the face, and the child recovered in about a week.

We have had erysipelas this winter, although I had not met it before since in December, as reported, and I would therefore

ask to have my report of February 17th corrected; for although there was a severe case here during that and the succeeding week, I did not see it at any time, neither did the physician in charge see my puerperal patient, nor was there any intercourse between the two families, who live in opposite sides of the town.

Early in last December I was called to see Mrs. ——, aged 27, of nervous temperament, about five months pregnant with her fifth child, and found her in poor health. She had been in other hands up to this time. The pregnancy so far had been one of great suffering, severe pain, persistent vomiting, with marked anæmia, loss of appetite and rest, and failing in strength daily.

I made use of an abdominal bandage, and bromide of ammonium with entire relief of the pain and vomiting, and secured continuous rest for the night. Then followed tonics, with returning appetite and strength, and for about two months there was a season of comparative comfort, in which the patient was able to ride out, and walk to the neighbors', one and two blocks away.

After this, for a month, the patient suffered with suppression of the urine, with daily increasing evidence of uræmic poisoning, with disturbance of vision and fainting, increased anæmia, hydræmia and general anasarca.

The same condition had existed in her previous pregnancy. The urine was non-albuminous. There was continued gastric irritation from this time, with frequent vomiting, and no inclination to make use of either food or medicine.

I used diuretics, diaphoretics, hydragogue cathartics, and hot air baths, all without benefit, and had advised the production of premature labor, fearing that the mother's life would be sacrificed by continuing the gestation, when nature, fortunately, began the work on February 21st. I was called, and found the pains regular, and ordered the frequent use of copious hot water douches to the cervix. The case progressed regularly until 3 P. M., of the 25th, when the membranes ruptured and the pains increased.

Continued severe, expulsive pains began at 9 P. M., and a fine, healthy boy was delivered at 10.30 P. M.

The secundines came away in twenty minutes. The labor was not attended with haemorrhage, and the subsequent flowing was only as usual.

It could not be called a severe labor, although the first stage was so prolonged, and was completed without other aid or interference than the douche for two days. The mother was greatly prostrated, but rallied fairly by the next day. The kidneys had their function fully restored at once, and one quart of urine was passed within twenty-four hours of labor, showing that the suppression was due to pressure upon the renal circulation, as had been expected; and although I was anxious about her recovery, I felt greatly encouraged during the three succeeding days that I saw her after the completion of the delivery.

I was requested to discontinue my visits on the 28th, as the nurse assured them she would have the patient about in ten days if she could only be allowed to have her own way.

I was sent for on the evening of March 5th, and found that on March 1st, the day after my last visit, that there was a putrid coagula passed, with a chill and fever the same day. There had been frequent chilly sensations since, and fever daily, the lochia had become less and less in quantity and more and more offensive. The atmosphere was sickening to me, no attempt at ventilation, and neglect to use vaginal injections, as ordered the day after confinement.

Inadequate nourishment had been used, and now there was vomiting of everything taken, with intense headache. There had also been a failure to use nutritious enemas, as I had directed, and the nurse had had her own way.

I found the pulse at 120, respirations 48, and the temperature 103° ; urine normal, bowels confined and tympanitic, no pain or tenderness or other evidence of metritis or peritonitis.

On the next day there was another chill, the pulse went up to 150, temperature and respiration unchanged.

My diagnosis was puerperal septicæmia, or puerperal septic fever, and prescribed accordingly. The treatment proved of

no account, as the patient continued to sink daily, and died on the evening of March 8th, eleven days after her confinement, and eight days after the first change was noticed.

I can see no connection between the two cases in support of the infectious or contagious theory, which I accept in full, and always feel anxious, when I have to care for erysipelas with obstetric cases, as I have had to do heretofore, and always without any trouble.

I have given you an extended history of the cases, that you might judge for yourself how far they were dependent upon each other, hoping you may frankly give me your own conclusions.

Respectfully yours,

GEORGE J. NORTHROP.

I do not know what ideas may arise in the minds of others on reading this letter of Dr. Northrop's, but it seems to me to suggest several which ought, in some way, to be useful to humanity:

1. It suggests, as has many times been done, the immediate production of septic material as one source of puerperal disease.
2. That the intelligent physician can do much toward preventing, if he cannot entirely prevent, the presence or the serious effects of such decomposing material, *if the care of such a physician is secured.*
3. That quite a large proportion of the people have not sufficient knowledge to enable them to appreciate the need of the expert aid of an intelligent physician under such or similar circumstances.

At a time of more than usual peril this case was withdrawn from the care of an intelligent physician and placed under the care of a woman who probably was not, to say the least, familiar with what has somewhat recently been learned by the medical profession. The patient died. It seems to me that this is a coincidence of a kind that is altogether more common than it ought to be ; and that the medical profession is able to do much to remedy this condition of things if its members only choose to do so. Why cannot the profession plan and carry out a general organized system of work which will tend to im-

prove the relations between the people and the profession? Why should the medical sciences, of all others, remain confined to the profession, "hid under a bushel?" Investigators in all other sciences recognize the importance of "popularizing" their results, in order to sufficiently interest the people that they will patronize them. No science can receive much aid, or make much progress, except this be done. It seems to me plain that the reason why so large a number in all our communities seem to prefer to patronize quacks, is because the quack is about the only one who takes any trouble to "popularize" knowledge (?) respecting the cure of disease. I believe in "preventive hygiene," and in "public sanitation," but I also believe in "preventive medicine," and for this we have, under existing conditions, little or no provision. Under existing relations, or want of proper relations, between the most advanced and conscientious members of the medical profession and the common people, the noblest and best work of these physicians is seldom called for or allowed to be performed; and when it is performed it is seldom paid for. That skillful guidance past real dangers which only physicians now appreciate is comparatively seldom except among the most intelligent of the people who have, in some way, gained a more than usually clear idea of the value of the skilled physician when laboring to *prevent* evils.

We have a State Board of Health that does what it can to advance public health, but for "preventive medicine," properly so called, and certainly for anything connected with the "cure" of disease, we must look to the medical profession. When it comes to the administration of "medicine," for prevention or cure, a doctor is needed, and there is certainly some way in which the masses can be made to have some appreciation of the difference between a rational, scientific physician and an ignorant "Chinese doctor," "Indian doctor," or other such imposter.

I believe the profession can do much, for itself and for humanity, by encouraging the free and general publication of such articles, by physicians, as will tend to give people an idea of the rapid progress of knowledge in the various medical sciences.

Why shall not our local and larger medical associations ask their members to prepare and read before them papers giving an account of the present condition of our knowledge of anatomy, of physiology, medical chemistry, etiology, pathology, of the materials of medicine, and of the action of remedies? And when these papers are well written, in terms not too technical, why not pass a resolution requesting copies for publication, request some local paper to publish, or permit a committee to make such arrangements for general publication as may best be made. Why not follow this up from time to time with articles on recent progress in each and all of the medical sciences? Much can be conveyed, even though some technical terms have to be employed. The people find it possible to master many technical terms in law, and in the other sciences; there is no reason why they may not in the medical sciences. The more such authorized and vouched for articles are read by the people, the more they will be instructed, and the less inclined to patronize ignorant quacks and gross impostors. In my opinion there is no other way in which it is possible to get the people properly to support and maintain rational medicine, up to present standards —much less support that “advanced standard of medical education” of which we have heard so much, but which seems so difficult to inaugurate.

The American Medical Association and our State and local societies permit reports of discussions and resolutions to go into the daily papers, frequently in a way that leads to anything but respect for the profession, chiefly, perhaps, through imperfect representation of the facts. Why not have some systematic and intelligent effort in and by such societies whereby what the people receive shall be such as will be *of use to them*, and such as will cause them to have a higher respect for those societies and for the profession as a whole?

Very respectfully,

HENRY B. BAKER.

LANSING, August 2, 1877.